

Enter and View Visit Report Sheet

The visit report will aim to:

Focus on patient/service user benefit

- Concentrate on key issues
- Be clear and concise
- Be balanced.

Date of visit: 25/10/11

Service/premises visit: Hilcote Hall Residential Home, Eccleshall.

Authorised Representatives who undertook the visit: Mrs Brenda Constable, Mr Michael Allen, Mrs Caroline Goodfellow

Reason for the visit: To assess the quality of care within the home.

ENTER AND VIEW REPORT HILCOTE HALL RESIDENTIAL HOME, ECCLESHALL.

1. Report Overview

Hilcote Hall is a residential care home situated in a rural setting one mile outside the small town of Eccleshall. This 44 - bedded home is registered to provide residential care to older people, including those with dementia, and also younger people with dementia. The registration allows for 10 residents to be admitted with a diagnosis of dementia. A significant number of residents develop some level of dementia at a later stage of their stay at Hilcote. Although Hilcote primarily offers long-term care, there is some provision for people who are undergoing short-term enablement and reablement programmes. In addition to this there are 2 Social Services beds (block-booked for respite or emergencies). The Manager has a special interest in dementia and, since her arrival 15 months ago, has been working with her staff to create an environment that more appropriately meets the needs of people with dementia. There is a mixed environment in the home, whereby people with dementia mix freely with the other residents. Although the home has residential status only, the Manager says that very few residents need to move on to Nursing Homes.

Of the 43 residents 12 were male, with one male resident immobile in his room. About half the residents have regular visitors. The home provides accommodation on 3 floors in a mixture of shared rooms and single rooms. There are a few en-suite rooms only, so commodes are available in resident's bedrooms. Communal areas are situated on the ground floor; there is one dining room and a number of lounges, and also a sensory room. Digital Code entry systems are in place in different sections of the home, including the front door, to ensure the

safety of the residents. Residents are able to access a secure patio area. Residents are encouraged to spend the day in the communal areas, but their views are respected if they choose to stay in their bedrooms.

A local GP attends every Monday or as required. Because of its location the residents are all seen by the same GP, who has provided GP cover for a long time.

During the night one Senior Care Worker and 2 care workers are on duty at all times, and check residents 2-hourly. The majority of bedroom doors are closed. Agency nurses are occasionally used on night duty. The aim is to use agency workers already familiar with the home where possible. A nurse call system is available in all rooms and an alarm is fixed to all outside doors. The night staff carry out cleaning duties during the night, when not attending to residents.

District Nurses visit regularly to monitor the medical needs of the residents. Senior Care staff administer medication from a locked trolley, and are trained in medication management and other medical procedures eg catheter inserts. Controlled drugs are stored in a locked cabinet within a locked cupboard and 2 care workers check and administer these drugs. All care staff are expected to be trained in pressure care relief, and infection control, and receive training from local health experts in these areas. Infection Control appears not to be a major problem. Dementia awareness training is mandatory for all staff, and Senior Care staff ensure risk assessments are in place as required.

There are established links with the local health professionals including Community Psychiatric Nurses, Speech and Language Therapists, Parkinson's nurse, etc. In addition, therapists visit on weekdays to attend to residents on short-term Enablement and Reablement programmes. Overall there appears to be good working relationships between the health professionals and the home. Alongside this there are regular visits from a chiropodist, hairdresser, optician and vicar. An Activities Coordinator works with residents 3 days per week, with some support from a church volunteer. However the home is struggling to recruit a further Activities Coordinator.

Policies and Procedures appear to be in place, including policies and procedures for admissions and discharges. Pre-admission visits are carried out, and Person-Centred Care Plans are initiated immediately on admission, in full consultation with the resident, the family and relevant professionals. The resident or their family member is expected to sign the Care plan. The Manager says that Care Plans are amended constantly, as the resident's circumstances change. Night time diaries in particular are seen as vital for discharge planning. Fire alarms and water temperatures are checked weekly, and fire drills are carried out monthly.

The Manager says that complaints are rare. A Complaints procedure is displayed in the home, and the Manager likes to encourage residents, staff and visitors to approach her or her Senior staff with any concerns. These are recorded and any unresolved issues are taken to the Area Manager.

2. Reason for the visit

At an "Enter and View" workshop on July 21st 2011 organised by Staffordshire Link, Hilcote Hall was raised as a home that may benefit from an "Enter and View" visit on the basis of some concerns that had been expressed about the home from a visiting professional and from a comment by an ex-resident. It was felt that these concerns merited a visit, but may not reflect current practice.

3. Approach used

Three authorised visitors of Staffordshire Link were selected for the visit.

Initially Hester Parsons (Link Development Worker) met with the Manager of the Home before the visit, to explain about LINK "ENTER AND VIEW", to outline the purpose of the forthcoming visit and agree the approach on the day. A date for the visit was agreed.

Preparation work included planning which areas the team would observe, and what questions would be asked. The visit was therefore undertaken using:-

Direct observation

Talking to staff

Talking to patients

Talking to relatives / carers/ visiting professionals
Looking at written procedures

It was important that resident's needs should not be compromised at any point.

The visit took place between 10.30am and 3.30pm.

4. Observations/findings

We would like to thank the Manager Michelle Burton for the welcome she gave us and her hospitality and openness during our visit. She cooperated fully with the process, and had invited residents, staff and relatives to spend time talking to us. We were able to view documentation relating to policies and procedures, care plans, noticeboards, training programmes, etc. We did not however view the infection control policy.

Environment

The home was light and airy with an overall feel of cleanliness. There was generally a relaxed atmosphere with a number of family visitors and professionals coming in and out. The care staff on duty were primarily young women. There were a number of different lounges with different lay-outs and character, that afforded the residents choice as to where they would prefer to spend their day. The furniture in the lounges was generally in good condition, and arranged imaginatively to avoid an institutional appearance. There were no unpleasant smells. The residents walked freely around the home if they wished to. Some residents could approach the kitchen hatch at any time if they wanted some food or a drink. There was no provision for residents to make their own snacks or drinks. Primarily the large lounge was used by the more able residents who were happy to join in group activities. We saw the Activities Coordinator in action in this lounge, playing skittles with about 8 residents, and later organising a musical session. Some residents were happy to look on rather than participate. The atmosphere there was convivial and welcoming. There is a patio area at the side of the house which is secure and accessible to any resident that chooses to use it, with appropriate seating and plants to tend if interested. The view of the surrounding countryside is a positive feature for the residents who like a quiet rural location and open space.

A sensory room has been created in one small area. One resident was enjoying different aromas in this room during our visit. She said she was very settled in the home and thought the care was generally good, although she didn't always like the food. Alongside the sensory room was a recreational area where various stimulating reminiscence resources were available for use. eg baby doll and pram, different textured materials and old toys. Various books and games were on display in the other lounges.

The bedrooms seemed clean and maintained to a reasonable standard. Personalised effects are encouraged to make the rooms as homely as possible for the residents. Considerable thought has been given to the signage and colour schemes within the home, to assist the residents with dementia. eg personal memory boxes outside their bedrooms, red colour coding to guide residents to the toilets etc., and each bedroom has a colour sticker on the door, to enable the staff to quickly identify the level of dependency of the resident. There was no clutter visible in the communal areas and bathrooms and toilets were all cleaned to a good standard. We noticed that hoist equipment was stored in one of the bathrooms, which may be better situated elsewhere, if space existed.

We spent a short time with the residents in the dining room at lunch time towards the end of their meal. There were a number of tables seating 4 to 6 diners. Some residents choose to stay in their lounge or their room for their meals. We met one gentleman who comes in regularly to feed his wife. We were impressed by the choices of menu and the laminated menu cards with coloured illustrations, and also the use of colour to help to identify residents who needed help feeding.

Over lunch time and immediately afterwards we witnessed one male resident exhibiting challenging behaviour, and were able to see the impact of his behaviour on a couple of female residents, who appeared threatened by his presence. The staff responded sensitively and appropriately on these occasions by escorting the gentleman elsewhere, thereby diffusing the situation. However the female resident in the dining room remained agitated, and it may have been helpful if there had been another member of staff available to support her at that point. There is a resident cat in the Home that is very friendly and welcomed by the residents, Other animals are encouraged if it is the resident's wish and the safety of the other residents is not compromised.

Staffing

There appeared to be sufficient staff on duty most of the time, as far as we could ascertain. The team met and talked to a number of staff. One care worker commented that she really liked working at the home, and said how much better the atmosphere and the running of the home had become since the current Manager came into post.

We talked to the Activities Coordinator who was passionate about her work and committed to providing a service to all the residents in the home. She admitted that this is difficult within her 3 days a week, but she will try to offer some one-to-one support to all residents at some point, if they do not feel able to attend group activities. She provides a varied programme tailored as much as possible to the needs of those with dementia, and has to fund-raise to buy any new equipment or resources. We were impressed by the range of activities on offer, but are concerned that the inability of the home to appoint another Activities Coordinator means that some residents are not receiving the amount of recreational and social stimulation that they need. However the general feeling we had was that the care staff were doing their best to interact with the residents alongside their other duties.

One member of staff expressed concern about staffing levels at certain times, and felt that the demands of the paperwork sometimes meant that the care workers struggled to take their lunch-break.

Each staff member could be identified by their badge, although the writing on the badge was rather small. It was confirmed that handovers are very important for communicating the current needs of the residents, particularly when agency staff are employed, as the information is more immediate than the care notes, which are available for back-up information.

We also spoke to a number of relatives who were full of praise for the care staff. The gentleman feeding his wife said: "They're wonderful. I don't know how they do it". Another daughter, who has been visiting her mother regularly in the home for over 4 years, said that she was full of praise for the staff, in particular the Manager, as she had managed to completely change the way that the home was run. She praised the Manager for her "hands on" approach, and said that she sets high standards. She felt comfortable raising any issues of concern. She said that the Manager listened to what people had to say and invited feedback. She also said that the Manager had promptly dealt with any concerns that she had raised. We had one area of concern relating to a fairly new resident who has a form of dementia, who invited us into his bedroom. He appeared rather agitated and restless, and in need of reassurance. His daughter was visiting and stated that she did not know what activities were available for her father, and was concerned about him spending so much time in his room. She did not seem to be aware of her father having a Care Plan.

There appears to be a well-developed Training Programme for the staff with the required mandatory courses as well as useful optional courses.

5. Conclusions

We were welcomed into Hilcote Hall and we were impressed by the warm and homely atmosphere within the home and the person-centred focus of care. All areas in the home seemed clean and well-furnished as the result of a major refurbishment over the last couple of years. It appeared that residents were afforded their privacy and dignity and allowed to exercise choice. It appears that there has been good progress in relation to the care provided to residents with dementia. The resident / staff interaction seemed exceptionally good, and the devotion and attentiveness of the staff was clear to see. We saw many examples of good practice, but also picked up a small number of concerns, which we raised with the Manager before we left. Relations with outside agencies appear to be working well.

We raised the issue of staff breaks, and were advised that staff were not expected to fill in their reports during their breaks, and only did so if they chose to.

We discussed the limited opportunities for residents to go out on excursions, particularly those with no relatives. The Manager advised us that a minibus is borrowed from time to time from a neighbouring home to take residents out, and St John's members occasionally take residents to the theatre. Some residents go to the nearby Garden Centre with their relatives. The Manager has tried to engage the support of local schools to bring schoolchildren into the home, but so far has had no success. We suggested that perhaps more volunteers could be recruited, although the Manager sees this as a cumbersome and difficult process with CRB checks etc.

We discussed the problem of the busy road at the end of the drive, particularly when people need to pull out onto the road from the drive. The risks are particularly severe for one elderly resident who drives, and puts himself at risk every time he pulls out onto the road.

We expressed some concern about the male resident that we observed in a rather agitated state, and wondered what impact his behaviour might have on other residents. The Manager's view is that unfortunately this gentleman was only discharged from hospital the previous day and is rather disorientated at the moment, and that she is sure he will settle down again. She confirmed that the residents are very tolerant and supportive of the residents with dementia.

6. Recommendations

- 1. To continue to rigorously pursue the recruitment of a further Activities Coordinator. This is particularly important for the residents with dementia, and for those who struggle to join in group activities.**
- 2. The Home may wish to approach different Voluntary Organisations, to see if they have volunteers that could help with recreational activities, etc. eg Age UK**
- 3. The Home may wish to approach the Local County councillor concerning the dangerous opening onto the road, to see if, for example, different signage could be put up to slow traffic down.**
- 4. The Home appears to deal well with challenging behaviour, but the impact on the other residents needs to be monitored at the same time, in the interests of their general wellbeing.**
- 5. The Home may wish to consider making staff name-badges larger.**
- 6. We welcome the fact that the brochure and web-site are being updated.**

Enter and View Visit Report Verification:	
Draft Report checked for accuracy/appropriate use of language:	✓
Draft Report submitted to service provider for comments:	✓
Final Report approved by the LINK:	✓
Final Report submitted to service provider:	✓
Distribution/circulation/publication of the report agreed:	✓
Evaluation of visit/report completed:	✓